



THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, AUGUST 23, 1884.

Original.

CATARRHAL HEADACHE AND ITS ALLIED AFFECTIONS.*

BY T. H. STUCKY, M. D.

There is no class of troubles which presents more varied types and greater difficulties in differentiating than those grouped under the name of headache. We must bear in mind that the nose has a three-fold function to perform, viz., the special function presiding over the sense of smell; it occupies a leading place in respiration, as we well know in health the air taken into the lungs is intended to be expelled through the nasal cavity; the voice is dependent in a great measure upon the nasal cavity, as is shown by a partially or complete occlusion of one or both of the nasal fossæ. The importance of this has been shown by nature placing the nose in the middle of the head, where it is in contact, directly or indirectly, with all the bones of the head. The nose consists roughly of two parts, first the anterior or prominent portion, which is composed of bone and cartilage, with muscles attached thereto, moving the latter and the sides or alæ as well as the orifices or anterior nares, and secondly of the two nasal fossæ. The nasal fossæ are two cavities placed on either side of the median line, part bony and part cartilage. The depth of these is considerable from the upper to the lower floor as well as from before backward, or between the anterior and posterior nares. The roof of the nasal part is flat at its middle, sloping anteriorly and posteriorly, the narrowest portion being at its middle, widening as it approaches the anterior and posterior nasal openings.

"It is formed in front by the inner surface

*Read before the Kentucky State Medical Society, June, 3, 1884.

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of the nasal bones, behind by the body of the sphenoid, and in the middle by the horizontal or cribriform lamella of the ethmoid bone. Floor smooth, concave from side to side, and formed by the palatal bones of the superior maxillary and the palatal bones, extending backward and a little downward from the nares to the pharynx." (Quain's Anatomy.)

The interior wall or septum narium, which extends from the roof to the floor of the cavity is flat and almost vertical. In acute coryza we have, beside the general lassitude, malaise, alternate chilliness and heat, more or less weight and pressure about the head, and especially about the frontal region. Upon examination the nasal mucous membrane is found to be highly congested, and often the membrane will be so swollen and edematous as to produce complete occlusion of the nasal fossæ. The nearer the occlusion approaches completeness, the greater will be the frontal uneasiness.

There is considerable dryness of membrane. This condition generally occurs only in the first or dry stage of the nasal mucous membrane. Ease from this uncomfortable feeling is secured as soon as the mucous secretions increase. The connection between the nasal cavity and frontal sinus is quite direct through the anterior ethmoidal cells and infundibulum. The sinuses in the frontal bone vary greatly in size, and in proportion to this will be the distress occasioned by any inflammatory condition carried to them from the nose. In order to illustrate the connection between acute coryza and frontal pain the following case is cited:

Mr. M., aged thirty-eight, merchant. I was called on morning of December 18, 1883. He told me he had spent a most restless night, suffering with terrible pain in the forehead, and especially over the eyes. Upon pressure the entire frontal region was

tender to the touch, with no increased tenderness about the exit of the supra-orbital nerves. Examination of the nose revealed a dryness and glazed condition of the membranes, which were so swollen over the middle turbinated bones as to produce complete occlusion of the nasal fossæ. Touching with a probe produced considerable pain. Desiring to produce secretion as soon as possible the following ointment was ordered, a piece the size of a pea to be placed in nostrils every three or four hours and snuffed back as far as possible:

Kennedy's ext. pinus canadensis, grs. iv;
 Ol. eucalypt, m iv;
 Ottar rose, m j;
 Ungt. petrolei, ʒ j.
 M., ft. ungt. Sig: as directed.

Upon the following day I visited Mr. M. and found him perfectly relieved of the frontal pain. An examination showed the entire nasal space lined with a thick, tenacious mucus, which was removed by an alkaline spray. The turgescence of the mucous membrane had so decreased that the normal patency of the canal was re-established. Since that time Mr. M. has had several recurrences of these attacks, but has always secured almost immediate relief by the timely use of the previous mentioned prescription.

Chronic catarrhal rhinitis, when accompanied with hypertrophy of the mucous membrane, is always accompanied with more or less pain in the frontal region. The close communication existing between the frontal sinus and the nasal cavities causes no surprise when a diseased condition of one is affected by a similar condition of the other. Inflammations of the frontal sinuses occur oftener than any of the pneumatic passages excepting, perhaps, the antrum of Highmore.

Miss I. C., aged fourteen, came to my office complaining of continuous pain between the eyes and over the entire frontal region at times. Upon pressure the entire region was found to be sensitive to touch. Upon examination I found diffused thickening of pituitary membrane, and end of turbinated bone occluding almost the inferior meatus. Advised removal, to which she consented. Removed by snare. After cessation of the hemorrhage, which was little, I advised the ointment to be used as in case number one. Four days afterward examination showed a slight inflammation at seat of removal of thickened membrane. Headache disappeared. Six months later, there had been no return of pain or headache.

Many cases of similar nature I could report with equally satisfactory results. There are undoubtedly many cases of catarrh of the frontal sinuses which could be relieved by stimulating the secretions of the nasal mucous membrane. Affections of the deeper parts of the nasal cavity and the ethmoidal and sphenoidal sinuses may give rise to such serious conditions as to cause fear of an affection of the brain or its meninges.

LOUISVILLE.

CALCIFICATION OF ARTERIES.*

BY J. B. MARVIN, M. D.

Professor of Principles and Practice of Medicine, and Clinical Medicine, Kentucky School of Medicine.

John Raleigh, white, aged twenty-eight years, a carpenter, a native of West Virginia, was admitted into the City Hospital, October 18, 1883, in the advanced stages of phthisis. Attention being attracted by the rigid condition of his radial arteries, an examination revealed a most marked beaded and rigid condition of all the superficial arteries of the extremities. The patient had no idea when this change in his arteries first began to be perceptible, only a meager history could be obtained. He had suffered with cough and pains in his chest for some time, was greatly emaciated, was not a drinker; had had "the bad disease," as he called it, twice, followed by a buboe and ulceration of the frenum. There were no evidences of secondary syphilis; he had a heavy suit of hair; had no skin eruptions, no affection of the nose or eyes. His voice was husky, and he said a tumor had been removed from his larynx the year previous, while in New Orleans. From his account, I thought it more than probable that he had had only chancroids and not syphilis. The patient gradually failed, and died from exhaustion, May 16, 1884. Autopsy made ten hours post-mortem. The lungs and pleura were extensively diseased, the larynx showed thickening of the mucous membrane with erosions (tubercular) in spots. The heart was healthy, the aorta at its origin and in the arch was dilated, otherwise it was perfectly healthy; no evidences of disease were found until the common iliac was reached, in this were found a few calcareous plates. The internal iliacs were healthy. From the origin of the external iliacs calcareous changes became most marked, increasing through the femoral and all the arteries of the

*Reported to the Medico-Chirurgical Society, May 16, 1884.

legs and feet, ceasing only at the smallest arterial twigs and capillaries. There were no changes in the carotids or branches up to their entrance into the cranium. The cranium was not opened. In the brachials the calcification was well marked and involved all the arteries of the arms and hands. The affected arteries when dissected resembled the bronchi in appearance, the calcareous matter having been deposited in complete rings. They were very rigid, having lost their elasticity; when bent they remained in that position. Their lumen was patent. When laid open, there were no sharp or rough points, but the entire surface was pushed out in a wrinkled, nodular manner. The internal coat could be easily stripped off. A transverse section of an artery revealed, under a low power of the microscope, the calcareous matter deposited in a crystalline, broken and irregular form in the middle coat, the internal and external coats being pushed out in an irregular manner, causing the beaded appearance. The muscular fiber cells of the middle coat were replaced by the calcareous deposit. A chemical examination of the calcareous matter showed it was composed principally of phosphate of lime, with a little phosphate of magnesia and carbonate of lime. This is a case *pure et simple* of extensive primary calcareous infiltration of the middle coats of the arteries of the extremities and not the sequence of atheroma or atrophic changes of old age. Calcareous deposition is most frequently a result of atheroma. Some individuals have a great tendency to the deposit of calcareous matter in the walls of their arteries; this peculiar tendency is a strong indication of the degenerative nature of the process. Atheroma and calcareous deposition may at the same time affect different arteries or different parts of the same artery. Atheroma is most generally found in the arch of the aorta or larger vessels, while calcification affects by preference the arteries of medium and smaller size. The rigidity so often felt in the radial arteries is due to this cause and not to atheroma. The causes of these degenerative changes in the arteries are obscure; they constantly attend on old age, but occasionally they are observed in infancy and may lead to fatal results in adolescence and in the prime of life. In the latter cases the disease is probably due to certain inherited or acquired cachexiæ, as gout, syphilis or chronic renal disease. Individual peculiarities play an important part in calcareous deposition in

atheroma, they are of still more consequence in those rarer cases of independent calcareous infiltration. This is the only explanation I can offer in this case. There was no atheroma, no gout nor chronic renal disease, and only a most doubtful history of syphilis. This, at twenty-eight years, was really an old man with arteries in an advanced degenerative stage.

The authorities give no satisfactory explanation of the causes of this trouble. Most of them refer to it as an advanced state in fatty and atheromatous conditions, making no mention of an independent calcareous deposition in the arterial coats. The most satisfactory account of this primary condition I have found is in Coats's Pathology.

LOUISVILLE.

Miscellany.

THE DROWNING SEASON.—It must, we presume, be accepted as a general proposition capable of particular application in the most vexatious directions and specialities, that any and every sport, exercise, and pastime which involves a certain amount of personal risk will have an inevitable attraction for English folk of all classes and ages. On no other principle is it possible to account for the curious fact that, although year after year many lives are ruthlessly and uselessly sacrificed in such practices as bathing, boating, hunting, and skating, no lover of these several pursuits is deterred from indulging in them by the peril incurred. On the contrary, it is beyond question that this very peril adds zest to the pastimes. When, therefore, we encounter a paragraph in the press under the above ominous heading giving particulars of eleven deaths by what are, almost facetiously, termed "accidents" in the course of a few days, we do not dwell long on the mournful epitome, but pass it over with something of the same feeling as may be experienced on reading the bare statistical statement of a death-rate. Nevertheless, it is a grim fact that every one of these lives might have been saved by a little timely precaution. Either the bath was taken in too deep water or at an unsuitable spot, or there was some neglect of obvious measures and conditions of safety. Nothing would be gained by reiterating the warnings we have repeatedly given as to sudden plunges into cold water, if the heart be weak, or there be a tendency

to cramp; as to severe trials of strength in buffeting with heavy waves or trying to swim long distances; and as to going into the water weak or exhausted by want of food, or with a stomach so loaded that disturbance of the circulatory and nervous systems must almost inevitably ensue if there be even a moderate amount of congestion set up by the immersion in a fluid colder than the atmosphere. These and a score of other dangers arising out of or dependent upon states of diseases of the organism have been pointed out and the importance of caution insisted upon. We preach to heedless ears. Tell an English man or boy that any thing is dangerous, and he will burn to do it. If he be weak, he will try to behave as though he were strong. If he be unfit, by reason of physical disability of some sort, for a particular exercise, he will yearn, above all things, to do the impossible and to hazard the extremely perilous. In health he will scorn safeguards and precautions as signs and tokens of cowardice. We do not think that mere carelessness is so common as some people are apt to suppose. We believe it is downright foolhardiness that leads to "accidents" of the class represented as "deaths by drowning." This is an important consideration, and it is one that must to some extent modify what we have to say on the subject of the "drowning season" year by year. The accidents that occur are deplorable, it is true; but, on the whole, it is more honest to say that they are discreditable, and it is high time to have recourse to plain speaking. Pity must give way to reproaches, even though it be necessary to violate the rule that nothing but good should be spoken of the dead.—*Lancet*.

THE GOOD CLINICIAN.—With all the help of the improved modes of examination at the bedside so as to diagnose diseases, it behooves the practitioner to set aside hypothesis and preconceived theories as to the operation of medicines in the case of disease, and note closely all the steps in the therapeutic appliances which have accumulated rapidly in these latter days of progressive enterprise. It becomes us to overhaul the properties of drugs in their simple elementary form, as compared with the new pharmaceutical preparations, which in some instances have sacrificed efficiency to elegance. But above all, it is incumbent upon the medical profession to keep faithful records of the treatment of cases, with the re-

sults, whether favorable or otherwise, and report those of importance for mutual benefit. Clinical experience consists in observing closely, recording promptly, reflecting carefully and reporting faithfully upon the treatment of cases.—*Atlanta Med. and Surg. Journal*.

SHEEP'S-HORN FOR HORSESHOES.—A new horseshoe has lately been experimented with at Lyons. The shoe is made entirely of sheep's-horn, and is found particularly adapted to horses employed in towns and known not to have a steady foot on the pavement. The results of the experiments have proved very satisfactory, as horses thus shod have been driven at a rapid pace on the pavement without slipping. Besides this advantage, the new shoe is very durable, and, though a little more expensive than the old one, seems destined sooner or later to replace the iron shoe, particularly for horses employed in large cities where, besides the pavement, the streets are intersected by tramway rails, which from their slipperiness constitute a source of permanent danger.—*Lancet*.

BIRTH DAYS.—Dr. W. Easby contributes to the *Lancet* of July 19th the following:

I find from my midwifery case book that Sunday has not been a favorite day for my patients to bring forth. I have taken four years of a country practice in Cambridge-shire, and I find that from 1879 to 1882 the births have been as follows: 1879: Sunday, 16; Monday, 7; Tuesday, 19; Wednesday, 16; Thursday, 23; Friday, 17; Saturday, 22. 1880: Sunday, 17; Monday, 11; Tuesday, 16; Wednesday, 22; Thursday, 16; Friday, 20; Saturday, 25. 1881: Sunday, 25; Monday, 16; Tuesday, 17; Wednesday, 17; Thursday, 31; Friday, 12; Saturday, 19. 1882: Sunday, 10; Monday, 20; Tuesday, 16; Wednesday, 20; Thursday, 25; Friday, 13; Saturday, 21.

In three out of the four years it will be seen that Thursday was the favorite day. In going over the above figures I have been struck with this fact—that whenever I have had three cases in one day it has been on a Sunday.

THE FIRST ELECTRICIAN.—In the latest issue of the *Asclepiad*, Dr. Richardson introduces his readers to a remarkable character in medicine some three hundred years ago, and one who, in addition to becoming President of the Royal College of Physi-

cians of London, and "the friend and physician" of Queen Elizabeth, was also entitled to be called "The First Electrician." This worthy was Dr. William Gilbert, author of "*De Magnete*," a work which has formed the basis of all researches in magnetism since the time when its writer left it as a record of his onerous and philosophical labors in this department of natural science. *Medical Press*.

HEPATICA.—Messrs. J. U. & C. G. Lloyd, of Cincinnati, have been investigating the subject of liver-leaf, and have found much that is new and interesting in connection with the commercial and botanical history of this drug. Of late years this drug has been extensively consumed in the preparation of certain proprietary medicines. From statistics collected by the Messrs. Lloyd, it appears that last year over 340,000 pounds were consumed, of which amount over 300,000 pounds were imported from Europe. Four years ago the entire consumption did not reach 10,000 pounds. In this country we have two species that produce the drug. In most medical works, and in old botanical works, the plants were classified as Hepatica; but late botanical authorities include them in the genus *Anemone*, on account of the structure of the flower. The exceedingly dissimilar properties of these plants from *Anemone* would seem to indicate the doubtful propriety of placing them with that genus, and the name Hepatica, which will always be the medical name for the drug, will probably also be the final botanical name. Our native species are now named *Anemone acutiloba* and *Anemone hepatica*, and very closely resemble each other except in the shape of the leaves: the former has sharp lobes to the leaves; the latter, blunt lobes.

Our pharmacopeia has recognized but one species, the round-lobed form. It is proven, however, by Messrs. Lloyd, that nine-tenths of the native drug of commerce is collected from the sharp-lobed species, which has never been officially recognized. The medical properties of Hepatica are unimportant. The plant does not contain an active principle, and is as devoid of characteristics as is the grass of the field. Of the vast amount of the drug consumed, it is creditable that the medical profession uses but a small per cent. Almost the entire lot is employed in the preparation of certain secret remedies.

The foregoing has been compiled from the July number of "Drugs and Medicines

of North America of Cincinnati," which, in addition to full botanical and medical descriptions of the drug, contains a full-size plate of the plant, and cuts illustrating the shapes of the different leaves of commerce, and a map showing the distribution of our two native species.

THE use of sclerotic acid in epilepsy has been the subject of a number of experiments by Bourneville and Bricon (*Progres Medical*) it was given in hypodermic injections or in juleps. Of twelve patients treated by this agent internally and by injections, but five were benefited; of this number, four have been under treatment for more than a year. These results are not very encouraging. Gowers had employed this remedy, as also ergot, but never furnished any details as to the number of cases treated, the doses employed, etc.—*Weekly Medical Review*.

A CORRESPONDENT writes: "Dr. J. H. Wessinger states, in the Medical Age of May 25th, giving the New York Medical Journal, September, 1852, as his authority, that the first amputation at the hip joint in the United States was by Dr. Badley in 1814. This is probably an error, as Dr. Gross, in his Medical Biography, says the operation was first performed in this country by the Dr. Brashers, of Bardstown, Ky., in 'the early part of the century.' Although the exact year is not mentioned, I infer, from the context, that it was about 1805."—*Medical Age*.

DR. W. G. BALFOUR, the English India physician who not long since drank by way of experiment a solution containing cholera excreta, is dead. It was apoplexy, however, and not cholera which caused his death.

THE French Chamber has voted eighty thousand francs to M. Pasteur for his experiments in connection with contagious diseases, and for the erection of laboratories for the purpose.

A VERDICT of death from an overdose of chloral, taken to induce sleep, was returned at Sheffield last week, at an inquest upon Dr. Henry Morris, physician and surgeon. *Medical Press*, July 23, 1884.

There have been five importations of Asiatic cholera into this country, viz., in 1832, 1848-49, 1854, 1865-66, 1873.

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INTERNATIONAL MEDICAL CONGRESS.

The International Medical Congress was opened in Copenhagen on the 10th instant with a pomp and ceremony befitting the assembling of so large a number of distinguished men under the eyes of four persons of royalty, the Danish Council of State, foreign ministers and other State officials. It closed on the 16th. The register showed the names of more than seventeen hundred delegates, five hundred and fifty of these representing Denmark, Sweden and Norway, with about eleven hundred and fifty from other countries.

The inaugural address was delivered by Prof. P. L. Panum as chairman of the organizing committee. His speech was made in the French tongue, and appears, from an English rendering in the cable dispatch of the *Philadelphia Medical News*, to have been non-scientific, graceful, witty, and running over with the gush of welcome and good will. Responses were made by Sir James Paget, Prof. Virchow, and Dr. Pasteur.

On the evening of the first day, two hundred of the foreign members were given a dinner by the President, whose toasts were honored by the responsive eloquence of the above named world-renowned talkers.

On the second day the sixteen sections of the congress were formally opened, and the

congress in general session listened to an address on "Morbific Organisms and Vaccinia Matter" by Pasteur. On the third day Prof. Tommassi-Crudeli, of Rome, delivered in general session an address on the Natural Production of Malaria and the Means of making Malarial Countries Healthier, and Prof. Verneuil, of Paris, discoursed upon the Neoplastic Diathesis.

The work in the sections, which in the *Record's* cablegram is merely catalogued, seems to have come well up to the promises of the programme. It represents the original studies and researches of many of the world's great medical men, and will furnish some valuable matter for future reading.

The speech of Dr. John S. Billings, U. S. A., on behalf of the committee appointed by the American Medical Association, presenting the congress with a formal invitation to hold its next meeting in Washington, D. C., was admirably made, and the invitation was favorably received.

Wednesday, the third day, was devoted to an excursion to Elsinore, a historic seaport of Denmark, which is ornamented by "the beautiful Castle of Kronborg overlooking the Sound," and sacred as the scene wherein is laid the greatest tragedy of the world's dramatist. Here the lovers of the "melancholy prince" and of Shakespeare shook hands over the grave of Hamlet, while Englishman and Dane, bringing to mind the great events, historical and literary, which make them in spirit akin, congratulated one another upon the many changes for good, which the molding hand of time had made in their respective nations. For howsoe'er it might have been in the days of the fratricidal king and his witty grave digger, to-day no graceless clown would dare to hint, were some insane "Hamlet" landed upon its shores, that in England "Twill not be seen in him there; there the men are as mad as he," nor any shrewd "Marcellus" mutter, under breath, "Something is rotten in the State of Denmark."

As far as can be made out from the incomplete reports obtainable at this writing,

the proceedings will compare favorably with those of the great congress of 1881. Indeed there is good reason for the belief, that in view of the wonderful discoveries in pathology made since that time, there will be a handsome scientific showing in favor of the recent meeting.

Being thankful for this light ripple of the surface which is all that has, so far, been wafted hitherward, we shall keep a sharp lookout for the white caps of those big waves which are said to have been set in motion and are now rolling across the sea.

THE GOING OUT OF A GREAT LIGHT.

Sir Erasmus Wilson, LL.D., F. R. C. S., died in London on the eighth instant. He was born in 1809, became a member of the Royal College of Surgeons in 1831, Fellow in 1843, Member of the Council in 1870, and President in 1881. Though beginning his career as a surgeon, and up to the incoming of the present generation of doctors famous in the medical world through his great work in anatomy, it was as a dermatologist that he acquired his highest distinction. In this department he was a pioneer, and his systematic treatise on skin diseases passed through several editions, being for many years the standard work upon the subject in the English tongue.

An over-fondness for preconceived theories, or an inherent skepticism, too common in our day, led him to maintain, in the face of manifest facts, a persistent opposition to the theory of the parasitic origin of certain skin diseases, and weakened his authority as a dermatological pathologist; but his diagnostic skill, his accurate and beautiful clinical delineations, and sound and original teaching in the therapeutics of skin affections have ever commanded the admiration of his most distinguished contemporaries. His writings upon these topics are full and authoritative, and will probably secure to his memory a perpetuity of fame.

Prof. Wilson did a large practice in his

specialty, by which he made a handsome fortune.

Aside from his eminence as an author, he was an able educator, and a distinguished philanthropist, making effective use of his influence and his money for the furtherance of many educational interests, charities, and movements for the general public good.

He founded the chair of Dermatology (being chosen its first professor) and the Museum of Dermatology at the Royal College of Surgeons and the chair of Pathology in the University of Aberdeen. He made many munificent gifts to the hospitals, fostered many minor charities, and furnished the greater part of the money for the movement which resulted in the transportation of Cleopatra's Needle from Egypt to London.

Bibliography.

A Manual of Psychological Medicine and Allied Nervous Diseases, containing the Description, Etiology, Diagnosis, Pathology, and Treatment, with especial reference to the clinical features of Mental Diseases and Allied Neuroses, and its Medico-legal Aspects, with a carefully prepared Digest of the Lunacy Laws in the various States, relating to the care, custody, and responsibility of the Insane, designed for the general practitioner of medicine. By EDWARD C. MANN, M.D. Member of the New York Medico-Legal Society. With photo-type plates and other illustrations. Philadelphia: P. Blakiston, Son & Co. 1883. Price, \$5.00.

This book is an octavo of 699 pages, the subject being treated in thirty-two chapters with an appendix. It is designed especially for the instruction of the general practitioner, who will find on perusal that the author makes good every promise made on his elaborate title page. Though a specialist in the best sense of the word, he does not favor the indiscriminate relegation of the insane to the asylum, nor the turning over of every case of allied disorder of the nervous system to the local neurologist. Upon this point he says:

As psychiatry is the broadest field of medicine, and is beginning to attract general medical attention, and as we must look to general practitioners for practical aid in stemming the great and growing tide of insanity, and depend upon their intelligent efforts to avert it through the prevention of hereditary transmission which threatens family

deterioration, this book is presented to them. . . . The general or family physician is interested in the early recognition and repression of the first sign of mental disorder, and *he is to be the psychological physician of the near future.*

With so commendable a design the author has produced a work well worthy of his theme, and one which will doubtless hold a high place among the classics of medical literature.

It embraces every phase of the subject, from the madness with which Moses threatened the disobedient Israelites, down to the neurasthenia of Beard and Spencer, and is exceedingly full and satisfactory, upon the all important questions of diagnosis, and treatment by management and medicinal agents. The medico-legal aspects of the subject are also carefully considered.

In the appendix may be found abstracts of the lunacy laws of every State in the Union, alphabetically arranged by States; "queries for patient's friends to answer, to insure uniformity of results by physicians in keeping record of cases;" a *resume* of treatment of the insane; notes explanatory of the illustrations, and a bibliography of the literature of insanity.

The Urine in Disease. Arranged by LOUIS LEWIS M. D., M. R. C. S. England. Published as a Supplement to the Medical World.

This chart gives a brief statement of the principal qualitative tests required in all the simple urinary examinations. Hung in the office it will prove both ornamental and useful, making a good impression upon patients, and saving the physician much time and trouble.

Quarantine and Sanitary Operations of the Board of Health of the State of Louisiana during 1880, 1881, 1882, and 1883. By Joseph Jones, M.D., President of the Board of Health of the State of Louisiana. Introduction to the Annual Report of the Board of Health to the General Assembly of Louisiana, 1883-4. Baton Rouge: Printed by Leon Jastremski, State Printer.

The Treatment of Diabetes Mellitus By Austin Flint, jr., M.D., Professor of Physiology, in the Bellevue Hospital Medical College, New York. Read in the Section of Medicine and Materia Medica of American Medical Association, May, 1884. Reprint. Chicago: A. G. Newell, Printer.

Proceedings, Addresses, and Discussions of the Third Semi-annual Meeting of the Kentucky State Sanitary Council, held at Bardstown, Ky., March 26 and 27, 1884, under the auspices of the State Board of Health. J. N. McCormack, M.D., Secretary, Bowling Green, Ky. Louisville: Courier Journal Job Printing Company.

Strictures of the Esophagus, their Nature and Treatment; with Cases. By Henry F. Campbell, M.D., of Augusta, Ga. Extracted from the Transactions of the American Surgical Association. Volume I, 1883. Philadelphia: Collins, Printer. 1883.

Sixteenth Annual Report of the President of the Inebriates Home, Fort Hamilton, N. Y., for the year 1883. Medical Superintendent, James A. Blanchard, M.D. Brooklyn: Eagle and Job Printing Department.

Second Annual Report of the State Board of Health of Indiana, for the Fiscal year ending October 31, 1883. To the Governor E. S. Elder, M.D., Secretary, Indianapolis, Ind. Indianapolis: W. B. Burford. 1884.

Inflammations of the Iris, with Report of Cases. By Martin F. Coomes, M.D., Professor of Physiology and Diseases of the Eye, Ear, and Throat, in the Kentucky School of Medicine, Louisville.

State Board of Health of New York. Report of an outbreak of enteric fever in Port Jervis during the fall of 1883. By Dr. F. C. Curtis. (Extract from the Fourth Annual Report.) 1884.

Memoir on the Nature of Diphtheria. By Drs. H. C. Wood and H. F. Formad, of Philadelphia. Appendix A. Report of the National Board of Health for 1882. Sent by J. B. Lippincott & Co., Philadelphia.

Fifth Annual Report of the State Board of Health of Illinois, John H. Rauch, M. D., Secretary. Springfield: H. W. Rokker, State Printer. 1883.

Contributions of Physicians to English and American Literature. By Robert C. Kenner, M.D., South Carrollton, Ky. Reprint.

Phthisis Pulmonalis, etc. By L. H. Wood, M.D. Denver, Col.: Reprint.

The Formation of Poisons by Micro-Organisms. A Biological Study of the Germ Theory of Disease. G. V. Black, M.D., D.D.S. Philadelphia: P. Blakiston, Son & Co. 1884. Price, \$1.50.

Selections.

FIBROUS TUMOR OF THE OVARY.—On Friday last Mr. Cowell removed from a patient in the Westminster Hospital a large fibrous tumor of the right ovary, weighing slightly over fourteen pounds. The incision was necessarily a large one, but there was only one small adhesion to omentum, and no difficulty whatever in the operation. Antiseptics were used and the broad pedicle was secured by thin silk ligatures, the cautery also being applied to the cut surface. The patient has so far (Tuesday) had no bad symptoms. The disease is a very rare one.—*London Medical Times.*

THE painful burns produced by nitric acid may, according to a writer in the Chemical News, be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

In an able paper on Indigestion and Intestinal Catarrh in Infants, Dr. E. H. Bartley suggests (New York Medical Journal) the following line of medicinal treatment:

In regard to the administering of remedies to children, I would remark that it is advisable not to give powders, but suspend the powder in a liquid, so that you can be sure of the dose given.

Astringents in the early stages of gastrointestinal catarrhs are uncalled for, and generally injurious.

Opium before the stage of inflammation I rarely give, except an occasional dose of paregoric to secure rest.

In *irritative diarrhea* the following paste will be found very useful:

R Ol. ricini, f ʒ iv;
Bismuth. subnitrat., ʒ ij;
Magnes. carbonatis, ʒ j;
Sacchari, ʒ ij;
Ol. anisi vel ol. menth. pip., . . ʒ vj.

M. Sig: ʒj for a child of six months to one year.

Or we may use:

R Vin pepsini, f ʒ jss;
Bismuth. subnit., ʒ ij;
Glycerini, ʒ iv.

M. Sig: ʒj at a dose.

When inflammatory diarrhea has begun, it is well to give a dose of castor-oil to begin with, unless it is certain that no irritating substances or undigested food remain in the canal. This is to be followed by the usual remedies, including some form of opium. I

usually prefer Dover's powder for children over ten months, and the deodorized tincture for those under that age. In cases where there is a great deal of fermentation, or where the trouble can be traced to sour milk, where the stools are very acid and the breath has a sour smell, the best remedy is benzoate of ammonium or of sodium, boroglyceride, calomel and chalk, salicin, or salicylate of sodium. This last remedy I regard as rather too irritating for general use.

An alkaline watery discharge is always serious, and demands prompt attention. Stimulants will be found necessary in these cases, and the treatment must be with opium, the mineral acids, and astringents. Instead of giving alkalies in these cases, the mineral acids, nitric or aromatic sulphuric, with opium and astringents, will be found most useful. I should advise, therefore, testing the reaction of the discharges in all cases of watery diarrhea. I have more than once seen a marked change for the better a few hours after a change from the alkaline to acid solutions. The acid, with the vegetable astringents, checks the discharge, lends tone to the capillaries, and stimulates the mucus membrane to a healthier action. Where the seat of the trouble seems to be in the colon, opium, quinine, subnitrate of bismuth by the mouth and by injections, and alcohol are to be recommended.

The opium may be pushed to the extreme of toleration in colitis, but should be used with caution when the trouble is higher up.

For the pyrexia in these disorders I use frequent cold-water spongings, unless the extremities are cold; in this case the warm bath is more beneficial. In the more chronic forms, following the acute attacks, benzoate of sodium or of ammonium, acetate of lead, and solution of nitrate of iron are to be preferred.

In the purely nervous diarrheas, bromide of potassium or chloral hydrate will be more beneficial than any other treatment.

DISEASE AND WATER IN INDIA.—In connection with the interest which now attaches to the condition of tank-water in India, we would refer to an excellent lecture on the relation of wholesomeness of water and the maintenance of health which was delivered some two years ago to the native population by Dr. M. C. Furnell, Sanitary Commissioner for Madras. The lecture fully confirms, by means of its numerous details, the views that have so often been expressed as to the facilities which are

afforded by the tank-water supplies of India for the diffusion of infectious diseases, and especially of cholera and of enteric fever. Men and women habitually wash their clothes and garments and then bathe their bodies in the same tank as that from which they take their water for domestic purposes; the approaches to some of the tanks are filthy in the extreme, and Dr. Furnell has even seen women collecting water for home purposes, when the contents of the tank have at the same moment been in use for ablution, being foul to the senses of sight and smell. So long as conditions such as these remain, it must be obvious that one of the most fertile and well-known channels exists for the rapid diffusion of cholera, and it is impossible to prove that the aerial communication of this infection is the one which is most commonly in operation. The multiplication of such lectures to the native population would be most useful, and we are glad to note that in addition to the circumstance that the Bombay Government ordered Dr. Furnell's lecture to be translated into the vernaculars of Northern and Southern Deccan, Gurjerat, Sind, and Arabic. It has also been reproduced in several other languages.—*Lancet*.

INHALATIONS OF NITROGEN IN PULMONARY DISEASES.—Dr. Sieffermann (*Gaz. Med. de Strasbourg; Bull. Gen. de Therap.*) thus describes the effects of these inhalations:

1. With the first inspiration the patient declares that he can breathe better, dyspnea diminishes, and at the same time a feeling of well-being supervenes. The pulse becomes small, often thready, from contraction of the radial artery. So long as the process lasts, enfeebled, anemic, and nervous patients have vertigo, with a sensation of feebleness and of pressure in the head, sometimes deepening into faintness. These symptoms are observed only at the first two or three sittings; the patients have then become accustomed to them and always bear them perfectly well. The symptoms vary in degree with the amount of nitrogen administered.

2. According to Mermagen, the suppression of night-sweats is a constant result, most commonly following the second or third sitting. Other experimenters are not agreed upon this point, some, like Kholschutter, maintaining that the sweats are increased. But Mermagen is very positive, and affirms that it is only in desperate cases

of florid phthisis that the sweating is not controlled. He adds that, if Kholschutter's experience differed from this, it is because he used air containing ninety-six per cent of nitrogen, a mixture almost poisonous.

3. One of the most surprising effects, according to Mermagen, is the very rapid disappearance of the dullness due to tubercular infiltration of the apex, which occasionally takes place after fifteen days of the treatment. Where an infiltration of the apex has been clearly made out, the dullness on percussion, bronchial respiration, and mucous râles, the vesicular murmur is heard again, with small moist râles and a tympanitic resonance. Kholschutter states also that he has seen dullness disappear when it corresponded to chronic infiltrations of the pulmonary parenchyma or to pleuritic exudates. But in several cases he observed the cough become more frequent, and the temperature rise nearly to 104° Fahr. He asserts, indeed, that the temperature rises regularly after each inhalation, which he considers a bad symptom. Mermagen believes that this rise of temperature coincides with the disappearance of the infiltration from the apex, and therefore that it is due to an absorption fever. The two observers' disagreement as to the explanation is probably to be imputed to the fact that one of them used air containing only from two to seven per cent of nitrogen, while the other employed air impregnated with eleven per cent of the gas at the least, and sometimes even gave pure nitrogen, so that he often produced poisoning like that due to carbonic acid. By dearly-bought experience Krüll afterward proved that, to get good results, not more than seven nor less than two per cent of nitrogen should be added to the air; so that there is little room for doubt that the effects observed by Kholschutter are to be attributed to the use of excessive doses.

4. All observers agree as to the soporific effects. Mermagen says that he has seen more than one patient go to sleep while the inhalation was in progress, and that others were able to sleep for eight hours at a time, whereas before their night's rest had been prevented by cough and dyspnea.

5. The appetite is perceptibly increased, and consequently the nutrition improved.

6. A good effect has even been observed upon colliquative diarrhea, and in patients who were in a desperate stage of the disease.

Irritative cough was certainly ameliorated

during the treatment, but the improvement did not continue. The compiler regrets that the breathing capacity was not tested with the spirometer and the pneumatometer, for a comparative table founded on such tests would have furnished the best data as to the results of the treatment.—*New York Medical Journal*.

SUDDEN DEATH DURING CHLOROFORM ANESTHESIA.—Dr. F. Junker (*Lancet*) describes a case of death during chloroform narcosis, but not from it, which occurred at Bardeleben's clinic at Berlin. The patient was suffering from a fracture of the upper end of the shaft of the femur. He was put under chloroform with all the precautions, but suddenly became collapsed, and died in spite of all efforts to resuscitate him. During the efforts at resuscitation, Professor Bardeleben expressed doubts as to the death having been caused by chloroform. The post-mortem examination was made in Professor Virchow's pathological laboratory and disclosed the cause of death—fatty embolism of the lungs. The femur was broken at a point where it is especially rich in marrow, and the fat globules from this source had entered the veins in large quantities and had occluded the pulmonary capillaries, thus causing death by preventing the pulmonary circulation.—*New York Med. Jour.*

ORTHOXYSULPHITE OF PHENYL, also called sulpho-carbol, has lately been proposed by M. Laborde (*Progrès Médical*) as a substitute for carbolic acid. It is said not to be poisonous, and to be much less odorous than carbolic acid, while it is equal to the latter as a preventive of putrefaction and fermentation.—*New York Medical Journal*.

TU-TU (CORIARIA RUSCIFOLIE).—The "tu-tu" plant" (pronounced "toot," the final vowel in many Maori words being only an aspirate or lip sound is dropped by Europeans) is indigenous to New Zealand. It grows luxuriantly where situation is favorable, and prefers an exposed site on rising ground, with a dry friable soil; its average height, when mature, may be taken at about five feet, of a shrubby herbaceous character, and with its spreading branches covering a considerable extent of surface. Surrounded by somber ferns and withered grasses, the effect of its glossy dark green foliage is very striking.

Tu-tu, though commonly spoken of as a poison, is such only under certain condi-

tions, and even not then to all animals; the horse, goat, and pig being said to be entirely proof against it under all circumstances; while, conditions being favorable, cattle and sheep often fall victims to it. The season of its greatest activity is in spring; then, the wide spreading roots throw up numerous tender, succulent shoots, which are eaten with avidity by sheep fresh from the hills, where dry grasses and ferns have been the rule. Cattle browse on the young leaves, and when coming to them fresh from other pastures, or exhausted by labor or travel, nearly always with fatal effects. It is said that later in the year the poisonous property is greatly diminished; that even when most virulent its effects are much ameliorated by a previously full stomach, and that the system can become accustomed to it by gradual use. Animals suffering from the effects of this plant are said to be "tooted." Its principal action seems to be on the brain and nervous centers, and produces a condition similar to "staggers." The animal becomes stupid and lethargic, until roused into a fit of mad frenzy by any trivial circumstance, during which it is dangerous for man or beast to be in the way, the frenzy recurring at rapidly decreasing intervals, until death results in a few hours from sheer exhaustion. The only remedy that appears to be used is bleeding from the jugular vein, and that with very poor success, not one in ten being benefited, while the exceeding danger attending its use causes it to be practiced only under exceptional circumstances. I am not aware what is the effect of the green herb on man, but singularly enough the "berries" when ripe are grateful and refreshing to the thirsty palate, care being taken to reject the seeds. A common method of utilizing the fruit is by tying a few bunches in a handkerchief and sucking the juice through it. Small birds are very partial to the ripe fruit and no injurious effect on them is apparent; most probably the seeds are voided by them entire. In the early days of the colony, when bullock labor was universal, whole teams were sometimes destroyed or disabled in a single night by this pernicious plant, rendering great care necessary in the choice of a camping place. The immunity enjoyed by the goat in respect of this plant was some years ago made use of on the Flaxbourne sheep run, a large number of these animals being procured for the especial purpose of securing its eradication. That an animal to whom the varied contents of a choice flower gar-

den are a comestible delicacy should be proof against this particular plant is not to be wondered at, but why the plant should be so powerfully toxic as regards other ruminants is a matter for surprise.—*T. H. Hustwick, in the Pharm. Jour. and Trans.*

DISEASE CAUSED BY WATER FROM A GRAVEYARD.—The following cases present some points I think worthy of serious consideration: H., age thirteen, female, of previous good health, while at work in a field on October 1, 1883, just before taking her dinner drank water from a branch which had its origin from the side of a hill that had long been used as a burying-ground. The place at which she drank the water was about one hundred and fifty yards from the source of the branch. About an hour after she had taken the water she complained of being sick, suffered pain in head and very soon began to vomit, and continued until midnight, when a diarrhea set up, from which she suffered greatly, complaining of aching all over, which continued for three days, when I was sent for to see her.

I found her with pulse 112, temperature 103° F., suffering intense pain in left hip and leg, tenderness on pressure over the sciatic nerve on same side; some swelling of the hip. I gave the patient a hypodermic injection of morphine, which gave some relief. The morphine had to be continued at intervals to produce rest.

On the third day after I saw her, her mother called my attention to a swelling of the labia majora of the left side. This very soon resulted in a large abscess which discharged profusely. A few days after this she complained of pain in the knee, wrist and clavicular articulations. These showed very little sign of inflammation at first, but in a few days suppurated. The parotid glands also suppurated. Patient died on the eighteenth day. The temperature and pulse varied very little from what they were when I first saw her. She was given quinine and iodine, and was kept on as nutritious a diet as could be had, consisting of beef, eggs, etc.

A sister who drank of the water at the same time and place was taken sick in the same manner, the abscess being on the scalp. This patient recovered. A year previous to this time an older sister, after drinking at this same place, was taken sick in a few hours and had a long and severe spell of typhoid fever; she had no abscesses as did the others.

The owner of the land through which this branch flows, informs me that whenever he has permitted his stock to pasture in this field they lose their appetite, fail to eat and very soon get poor. He, knowing the bad effects of this water on his stock, had cautioned his children against drinking it.—*Dr. L. G. Hardman, in Atlanta Med. and Surg. Journal.*

SHOULD ENTERIC FEVER CASES BE ISOLATED?—To the above question I answer, Yes. Following the Egyptian campaign (and, indeed, continuing to a less extent up to date) a very large number of cases of this disease occurred among the troops who formed part of the expedition. Many such cases were admitted to the Citadel Hospital at Cairo, and experience soon proved that there was risk to nurses and attendants employed in the hospital, as well as to patients under treatment for other diseases. It then became the rule to treat all cases of enteric fever in separate wards, and this facilitated nursing and enabled the hospital authorities to allot old and seasoned attendants for the management of these cases. We can, I think, easily understand the cause of the danger. We know that patients ill from enteric fever frequently soil their beds and clothing with dejecta from the bowels; and certainly the attendants who have to remove these articles, and even patients in neighboring beds, must incur some risk from the exhalations from them. I think it is now generally conceded that the poison of enteric fever, or whatever it may be called, can reach the system through the air as well as through fluids, etc. swallowed.—*T. F. O'Dwyer, M. D., in the Lancet.*

THE TREATMENT OF SEBORRHEA.—If the systemic conditions which predispose to seborrhea were better understood, much might be accomplished by attention to diet and internal medication. In the present state of our knowledge we are forced to rely mainly upon external treatment. There are two objects to be kept in mind in the treatment of every case, viz., to soften, if necessary, and to remove the sebaceous secretion, and to stimulate the glands to healthy action. The first aim can be readily accomplished; the second sometimes proves to be a difficult task. In seborrhea oleosa the frequent use of soap tends to keep the skin dry, but rarely effects a permanent change in its condition. After bathing the skin with soap and hot water, and carefully

drying it, the application of precipitated sulphur, tannic acid, or some other astringent powder, is usually beneficial. If there be a tendency for thin crusts to form over the affected surface, the following ointment, lightly applied by means of the finger, is preferable:

Washed sulphur, 8 parts.
Balsam of Peru, 2 "
Petrolatum, 40 " M

In obstinate cases of seborrhea of the nose, and these cases are generally obstinate, I have obtained the best results by having the patient rub the nose vigorously before going to bed with a soft linen rag wet with ether, and then apply the following lotion:

Sulphate of zinc, 3 parts.
Sulphate of potassium, 3 "
Alcohol, 10 "
Rose water, 100 " M

In dry seborrhea of the scalp the crust may be readily removed by soaking it thoroughly at night with olive or almond oil, and shampooing the head in the morning with the officinal tincture of green soap. This will leave the scalp clean and natural in appearance, but a cessation of the treatment at this point will be speedily followed by a return of the crust. The patient must therefore be directed to shampoo the head twice every week, or oftener if it seems necessary, and to apply meanwhile some slightly stimulating ointment every night. Hyde recommends the following:

Oil of sweet almonds, . . . 10 parts.
Carbolic acid, 1 "
Alcohol, to 100 "
Oil of bergamot, q. s. M

If this plan of treatment is carried out for a few weeks, the tendency to the return of the crust will usually cease. In the many cases where seborrhea does not form a thick crust upon the scalp, but occurs in the form of dandruff with the falling of the hair, it is often necessary to prolong the treatment for several months.—*Dr. G. H. Fox, in Nashville Journal of Medicine and Surgery.*

ABSCISS OF KIDNEY; ASPIRATION OF FORTY-TWO OUNCES OF PUS; COMPLETE RECOVERY.—Arthur H., aged thirty-six, a laborer, was admitted to hospital on January 4, 1883. Upon inquiry the patient stated that his general health had been fairly good. Three months previously he caught cold from sitting on some damp grass. Soon afterward

he began to feel pain in his right side and back; he attributed this to rheumatism. Six weeks before admission the pain increased, and he was obliged to give up work. About this time he noticed a swelling in his right side; this had lately increased in size. He had been able to take very little food, had been feeling very weak, and suffered from night-sweats. His "water had been very thick" of late.

Upon examination a prominence was noticeable on the right side of the abdomen. Its point of highest projection was about one inch and a half from, and in a horizontal line with, the umbilicus; the skin over it was slightly pink in color. There was a rounded swelling in the lumbar region, and laterally, continuous with the fullness in front. On percussion, absolute dullness existed in the right mammary line, and externally to it, from the upper border of the liver to the lower border of the tumor, about three inches above Poupart's ligament. Internal to this line there was a triangular patch of resonance (stomach), its apex outward, between the liver and tumor. Posteriorly dullness existed over the whole lumbar space. On palpation the tumor was movable, not adherent to the skin, and apparently not attached to the liver; but owing to the exhausted condition of the patient, the effects of forcible expiration could only be approximately judged. There was very evident fluctuation, especially where the tumor was most prominent. A thrill could be felt on percussion through the whole width of the tumor. Heart, lungs, and chest generally normal, but pulse weak (124), and breathing quick (28). Temperature ranged from 102° to 101.4° at night to 99.2° to 99.6° in the morning. Urine turbid, yellowish; after standing in a urine-glass for two or three hours a yellowish deposit occurred of about half. Microscopically very numerous pus cells were seen, with some blood-corpuscles, renal epithelium, and amorphous urates. Dr. Dobie recommended that the tumor should be aspirated. On the afternoon of January 10th forty-two ounces of thin but healthy-looking pus were removed by the aspirator in about an hour and a half. A needle corresponding in size to a No. 2 trocar was used. The patient at once felt much relieved, but had pain near the point of election for aspiration, which was in the center of the prominence. Later in the evening the pain increased, and extended round to the back. The patient's legs were drawn up. One third of a grain

of morphia given subcutaneously relieved the pain and afforded sleep. The peritonitis continued for three or four days, and much consequent anxiety was felt as to the result. Opiates and hot fomentations relieved the pain, and the patient was able to take fair quantities of milk. The tumor diminished greatly in size, and dullness was now only present on the extreme right of the abdomen and in the lumbo-dorsal region. On January 5th, the morning after the aspiration, there was much less pus present in the urine, but this very small amount gradually increased, until on January 17th the deposit was about one sixth. The patient, however, continued to improve in health and get stronger. The urine continued to have a considerable deposit of pus—one tenth to one sixth. A lumbar incision was proposed, but the patient refused further treatment, and returned to his home near the seaside. He subsequently became completely restored to health and was able to follow his usual employment. He was admitted into the infirmary early in May of the present year for an ulcer of the leg; and his urine, then examined, was found to be perfectly normal, and had not a trace of albumen. There was, however, still considerably greater dullness on the right lumbo-dorsal region than on the left. But the patient looked, and asserted that he felt, quite well.—*Dr. H. W. King, in the London Lancet.*

DIAGNOSIS OF SMALLPOX.—It is not very surprising that errors are not infrequently made in the diagnosis of smallpox, as it is a disease which rarely comes under the observation of general medical practitioners, except during epidemics, and is even then confined to certain localities to a great extent; but with care, and a knowledge of the medical literature on the subject, so far as it can be acquired without much difficulty or expenditure of time, serious errors may be avoided. However, a case illustrative of the grave consequences of a mistake in diagnosis has come under my notice, and I think it is of a nature worth the attention of medical men, especially while smallpox is rife in London. The facts as described by one of the family are these. The father was taken ill and died after a short illness, the immediate cause of death being hemorrhage from one of the mucous tracts. There was no apparent smallpox eruption of the usual character, but very extensive petechial or hemorrhagic coloration of the skin, de-

scribed as "purple," lividity around the eyes, on the forehead, etc.—in fact, the characters of a severe case of hemorrhagic smallpox. Seemingly the diagnosis was simple purpura, as the family were assured that there was nothing infectious. However, first two of the children, then the wife, and lastly a third member of his family, were attacked with smallpox, without any apparent history of infection from without; but fortunately in them the disease was of a milder type. If the diagnosis had been correctly made in time, the spread of the disease might have been checked with the case of the father, as it was almost if not quite a fortnight before it showed itself in the other members of the family.—*Dr. James A. Philip, in the Lancet.*

VEGETABLES AND OXALURIA.—The question having sprung as to the exclusion of certain vegetables from the diet of the oxaluric patient, the *Lancet* says: The salsolaceæ (or chenopodiaceæ) are characterized by the presence of a large quantity of alkali in their composition; this is combined with an organic acid. Spinach (*spinacia oleracea*) and beet (*beta vulgaris*) are prominent among the esculent plants of the order. A notable specimen of the family is chenopodium quinoa, which is used as food in Peru, and called petty rice. It has the smallest starch grains known. Now, oxalic acid is obtained by the action of nitric acid on sugar or potato starch. Beet sugar will do as well as any other for this purpose, and as beet and spinach belong to the same order spinach comes to be condemned. Moreover, spinach sometimes contains a good deal of lime, though not nearly as much as rhubarb, bistort, and many of the lichens. We confess it is not by any means plain to us why spinach should be singled out for a special anathema when beet root and potato are not interdicted, and rhubarb is often though obviously most improperly allowed, or the blunder of taking it condoned. We fancy that if the objection to spinach specifically came to be scrutinized very closely, it would be found to have for its origin an impression that the "grit" so often found in imperfectly washed spinach is oxalate of lime, which, speaking generally, is not the fact.

F. HEBRA'S prescription for baldness is as follows (Med. and Surg. Reported):

R Tinct. macis, 5 grams.
Olei dulcis, 50 grams. M.

ACTION OF BORACIC ACID ON URINE.—Having seen in a medical journal an extract from a communication of some cases which Professor Rosenthal had made to *Allg. Wien. Med. Wochensch.*, and in which he had employed boracic acid internally, with a view of checking the formation of ammoniacal urine, I determined to try it when an opportunity arose. The patient on whom I first tried it was suffering from a bad stricture of the urethra, perineal abscess, etc., and on whom perineal section had been performed two or three years ago. His urine on admission was strongly ammoniacal, with flakes of mucus in it. Boracic acid was administered in ten-grain doses every three hours a few days after admission. In about twenty-four hours the urine changed in reaction, and when passing through the fistula recently formed did not scald him nearly so much. Although the boracic acid was continued for a fortnight, no harm resulted from its continuous administration. The urine passed was kept in a vessel several days without its undergoing decomposition; it also kept its acid reaction. I may add that previous to the administration of the boracic acid the perineal abscess was opened, and the stricture dilated. The man would not submit to any operation for the permanent cure of the stricture.

The other patient is an old woman, who had suffered from cystitis of doubtful origin (no stone), for seven months previous to her admission in this hospital, under the care of Dr. Vintras. Urine was passed every quarter of an hour day and night when she came in. There was much irritation of the labia and inner aspect of the thighs and much scalding on micturition. After trying several remedies with slight success, and the urine being distinctly alkaline and fetid, the boracic acid in ten-grain doses twice a day was ordered. As in the previous cases, the reaction of the urine changed after the first day of taking the mixture, and has continued acid since. The symptoms, too, have been much relieved. In the night now she passes urine six times instead of thirty or even forty times, which she did before. The inflammation between the labia has disappeared, as well as the itching and scalding.—*G. Victor Perez, M. B., in Lancet.*

MELLIN'S FOOD.—We have had occasion to inspect a recent analysis of Mellin's Food by Professor Fresenius, of Wiesbaden, and here give an abstract of his results.

The preparation is a moderately fine, yellowish-white, hygroscopic powder. It is not completely soluble in water, but is almost completely so—with the exception of a trace—in the stomach. The constituents are as follows:

I. Soluble in water:	
Non-nitrogenized, organic.	
Maltose and Dextrose (33.46+35.92)	69.38
Nitrogenized, organic.	
Albumen (2.13), Peptone (0.87), Amides (1.69)	4.69
Inorganic	4.23
	78.30
II. Insoluble in water, but almost completely dissolved in the stomach:	
Non-nitrogenized, organic.	
Fat (0.08), Cellulose, etc. (3.10)	3.18
Nitrogenized, organic.	
Inorganic	5.06
	0.14
	8.38
III. Water, including loss by drying at 120°C	
	13.32
	100.00

As a matter of analytical interest, it may be added that the albuminoids were determined by Prof. Fresenius in the following manner: The albumen is calculated from the nitrogen of those nitrogenized substances which are precipitable by cupric hydrate in a solution containing a slight excess of acetic acid. The calculation is made by multiplying the nitrogen with 6.25. The peptones are found in a similar manner by calculation from the nitrogen obtained from the precipitate produced by phosphomolybdate of sodium in the filtrate from the preceding operation, after acidulating with hydrochloric acid. The amides result from the difference of the sum of nitrogen of the protein-bodies, peptone, and that obtained from the nitrogenized substances insoluble in water on the one hand, and the total nitrogen on the other hand. Of the 9.75 per cent of nitrogenized constituents, only 0.2 per cent were found to be insoluble.—*American Druggist.*

EXCISION OF THE TONGUE FOR EPITHELIOMA.—Mr. Kendal Franks, before the Academy of Medicine in Ireland, read a paper on a case of excision of the entire tongue, the left tonsil, and part of the velum palatæ for epithelioma. In the operation, which he performed in January last, he divided the cheek from the left angle of the mouth to the anterior border of the masseter muscle to obtain room. The attachments of the tongue to the floor of the mouth and to the lower jaw were divided by means of a galvanic cautery loop without hemorrhage. A

supra-hyoid puncture was then made into the floor of the mouth, and a galvanic cautery loop introduced through it was made to encircle the organ as far back as possible so as to divide the tongue at its base. No hemorrhage followed this division. The left tonsil, anterior pillar of the fauces, and the greater portion of the left half of the palate were removed with Paquelin's thermo-cautery. A little bleeding from a palatal twig had to be arrested. On 19th February a hard and diseased gland was removed from behind the angle of the jaw and had to be dissected off the internal jugular vein for about an inch and a half. This wound was quite healed in a few days. The mouth healed rapidly, except for a small piece far back on the left side of the epiglottis extending forward to the level of the tonsil which progressed slowly and is not yet cicatrized. The pain, which before operation was intense, has disappeared, and the patient though weak and disinclined to leave his bed is quite comfortable. The electrical apparatus employed consists of three storage batteries devised by Mr. Prescott, of Dublin.—*Medical Press*.

CARBOLIC TREATMENT.—At a recent meeting of the Academy of Medicine in Ireland (*Medical Press*) Mr. Cahill in a paper on carbolic treatment contended that the question of fermentation in wounds was not really important. The vitalized fluids, blood, serum, lymph, and pus, never, he maintained, fermented until they died, and when dead the only proper treatment was to remove them. The cause of death was in most cases dead contact or foreign body. Foreign bodies of different kinds exercised this action in different degrees. Bodies capable of absorption, water and saline solutions, seem to have little influence. Air, in quantities incapable of absorption, was a violent lethal agent, as testified by the phenomena of canalization. Smooth polished bodies seem to be less fatal than rough, as seen from the different effects of different sutures. Poisons, organic bodies, blood clot, sponge, have so little of the energy that the forces of life and vascularization are able to triumph over those of death, and the body becomes organized. Pus is a moribund stage of existence of the vital fluid—a state of injured vitality. A foreign body collects around itself a layer of this moribund material, and if the lethal influence is prolonged this layer will die, as shown by the putrefaction in necrosis.

From studying the successes and failures of carbolic treatment, he thought that its antiseptic properties were unimportant. It really acts as a local devitalizer, and, by suspending vital action, prevents suppuration and intense inflammation. It would therefore be much less successful in cases of a low type—indolent ulcer, cold abscess, and particularly threatened gangrene. But it also possesses a very notable property of increasing the absorption power of granulating tissue, as demonstrated by the researches of Hack, of Leipsic. In the light of this discovery, we can account for the apparent innocuousness of carbolized foreign bodies, dead pus, sphacelus, catgut drainage-tube, protective cotton-wool. It is quite evident that if the absorption influence prevails the layer of dead or dying material will not collect around a foreign body but will be carried off in the circulation. The statistics of treatment show encouraging results only in cases of high vitality or intense inflammation. In cases of low vitality, success is generally brought about by the vitalizing influence of irritants, pressure, rest, or position. He put forward Billroth's iodoform-with-scraping treatment of chronic abscess as a pertinent instance. As evidence of the devitalizing influence of carbolic acid, might be adduced its effect on the hands of the operator, its action on the skin of the subject; its action in skin diseases, at once astringent and anti-pruritic finally, its obnoxiousness to ameboid life.

Mr. Thomson pointed out that Lister was by no means confined to the use of carbolic acid in his treatment, but used perchloride of mercury, eucalyptus, thymol, etc. He dissented from Dr. Cahill's conclusions, and said that Lister's system had the effect of reducing the death rate and practically wiping out in surgical treatment pyemia and septicemia.

Dr. Cahill said he did not attack carbolic acid, but Listerism, carbolic acid being in proper cases a very valuable drug. He quarreled with Lister for using it indiscriminately in all cases, and thought Lister had done a great deal of harm by introducing antiseptic surgery. No doubt Lister used thymol, eucalyptus, etc., but he had gone back to carbolic acid, as mentioned in Cheyne's "Surgery," which according to Lister himself, was the best source of information as to his system.

PROF. E. JAEGER VON JAXTHAL, the celebrated ophthalmologist, died lately at Vienna